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Navy & Marine Corps Medical News
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This service distributes medical news and information to Sailors and Marines, their families, civilian employees, and retired Navy and Marine Corps families. Further dissemination of this email is highly encouraged. Stories in MEDNEWS use these abbreviations after a Navy medical professional's name to show affiliation: MC - Medical Corps (physician); DC - Dental Corps; NC - Nurse Corps; MSC - Medical Service Corps (clinicians, researchers and administrative managers). Hospital Corpsmen (HM) and Dental Technician (DT) designators are identified in front of their names.

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Headline: Sailor saves Nicaraguan policeman from injury
By Tanya Brown, Bureau of Medicine and Surgery

NORFOLK, Va. - Hospital Corpsman 3rd Class Garth Gumienny deployed to Nicaragua as part of a nine-person preventive medicine team. He returned with three puncture wounds to his back, injuries to his face and a medal for saving a life. "I was just doing what I hope someone else would do if I were in that situation," said Gumienny. "I didn't think much of my actions at that time. It wasn't until I returned to the States that I was told I would be getting a medal." This month, Gumienny was awarded the Navy and Marine Corps Commendation Medal for his selfless gesture while serving as part of the Navy Environmental and Preventive Medicine Unit 2 during the relief mission in Central America following the devastation of Hurricane Mitch.

Gumienny and a Nicaraguan police officer were standing watch at the U.S. Military Camp in San Isidro awaiting the visit of Nicaraguan President Arnaldo Aleman Lacayo.

Lacayo's helicopter was escorted into the camp by two other helicopters that made an initial fly over the area before landing.

"The initial fly over stirred up just a little dust," said Gumienny. "But when the [president's] helicopter started to land, pieces of wood and debris began falling, so I grabbed the officer and began running to the guard station."

As they hit the ground to escape the debris, Gumienny covered the police officer with his body to protect him. As the helicopters touched down the wind tore the rooftop off the wooden guard station and deposited pieces of it onto Gumienny's back, driving three six-inch nails partly into his skin.

"I didn't know I was injured until I stood up and someone said 'Hey, you're bleeding,'" said Gumienny, who proceeded to walk one mile to the medic tent to get patched up, because no vehicles were allowed to move while Lacayo was on the grounds.

After a tetanus shot and a few pieces of gauze to cover the wounds, Gumienny returned to his watch.

"I don't feel any different," he said. "I just thought it was something that any human would do."

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Headline: New clinic will increase training time for female recruits

By Sgt. N. E. Whittaker, USMC, Naval Hospital Beaufort

BEAUFORT, S.C. - A new 45,000 square foot women's clinic will soon be a big time saver for Marine female recruits reporting to sick call at the Marine Corps Recruit Training Depot, Parris Island, S.C.

The clinic, which is scheduled to open in February, will be located in the 4th Training Battalion area where recruits train, and it will have new equipment that recruits and base personnel must now travel to Naval Hospital Beaufort to use.

"We are getting all new exam tables, new audio-visual equipment for teaching, 13 exam rooms and a special procedures room with a pap smear diagnosis machine," said Lt. Carolyn Thompson, MC, women's health practitioner at the Depot's Branch Medical Clinic. "We're keeping recruits close to home where they won't have to leave the barracks area and waste training time to have these procedures done."

Thompson estimated the new clinic will save a minimum of 45 minutes of recruit training time for every visit. Fourth Battalion officials agree.

"Follow-ups will be much easier because they will be right here," said Maj. Kristi VanGorder, 4th Recruit Training Battalion executive officer. "It will be easier for medical to support us, and it [also] makes it a lot easier for the Drill Instructors to get the care they need and not take the extra time to make appointments and go to permanent party

sick call."

The new exam rooms will have the privacy that traditional medical facilities have, according to Thompson. She said that instead of partitions to divide the examining areas, there will be walls and doors.

Television monitors in the waiting areas will show programs about female health.

Thompson said the recruits will be provided total health screening such as checking for sexually transmitted diseases, doing pap smears, providing information about birth control and basic anatomy, among other topics.

The current battalion aid station at 4th Recruit Training Battalion is only equipped to see 30 recruits at a time.

"We currently shut down the Branch Medical Clinic sick call for a few hours every week, take five to six health care providers and approximately 10 hospital corpsmen and use that space to conduct a well women's clinic."

So, with the addition of the new women's clinic, permanent party and recruits will realize time savings not traveling away from the training area to get medical attention.

"It will be a great facility for Fourth Battalion," said Van Gorder.

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Headline: Chief Dental Tech receives Admiral Gallery/Admiral Renkin Award

By Lt. Cmdr. Dan Pacheco, DC, Naval Dental Center Great Lakes

GREAT LAKES, Ill. - A dental technician from Naval Dental Center, Great Lakes, Ill, was presented the Admiral Gallery/Admiral Renkin Award of Merit during a ceremony in October at the Lone Sailor Memorial Park here.

Chief Dental Technician (FMF) James W. Evans was selected as the Senior Enlisted recipient of the award for his commitment to numerous community organizations such as the Allendale Orphanage, North Chicago Veteran's Hospital and Vernon Hills Playground Construction, among others.

Established in 1989, the Admiral Gallery/Admiral Renkin Award of Merit recognizes the outstanding performance and community service of enlisted and junior officer personnel assigned to the Naval Training Center complex. The annual award is given to Sailors who most closely demonstrate community involvement in the tradition of Rear Adm. William O. Gallery and Rear Adm. Henry A. Renkin.

Gallery, for many years, was instrumental in bringing prominent speakers to recruit graduation ceremonies and was renown for maintaining solid rapport between the military and civilian communities.

Renkin, former commandant of the Ninth Naval District, authored a comprehensive study of the Navy image, extolling the virtue of volunteerism exhibited by Navy personnel. Capt. Graf, DC, commanding officer, Naval Dental Center, Great Lakes presented Evans with a two-foot replica of the Lone Sailor statue.

"I wish I could have had 50 more of these for all the others

who joined in the effort to make this happen," said Evans. The competition for this prestigious award is keen with many highly qualified individuals throughout the training center contending for awards in the Junior Enlisted, Senior Enlisted and Junior Officer categories.

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Headline: Reservists test readiness in Operation Pacific Warrior

By Judith Robertson, Naval Hospital Bremerton

BREMERTON, Wash. -- Fleet Hospital Five will test its readiness in the first joint services exercise, "Operation Pacific Warrior," using the Deployable Medical Systems (DEPMEDS) equipment Nov. 6-21 at the Army's Schofield Barracks in Hawaii.

"The Army calls it a "CSH," (Combat Support Hospital, pronounced 'cash'), the Air Force refers to theirs as an "Air Transportable Hospital," and we call it a "Fleet Hospital," but it's all the same deployable medical equipment," said Fleet Hospital Five's Operational Officer, Lt. Cmdr. Joseph Richter, MSC.

Operation Pacific Warrior, which is specifically designed as a medical exercise, will test the abilities of the three services working together to build a 120-bed deployable tent hospital, install field equipment and function side by side to provide combat medical support.

The abilities of the joint services to work together will be challenged during a 72-hour mass casualty drill. The exercise is designed to test the assessment skills of medical personnel who must decide whether to repatriate battlefield casualties back to their units or remove them from the theater using the Air Forces' medical evacuation system.

"This exercise will prepare us to do our duty using a realistic war time scenario," Richter said. "Our Fleet Hospital is pre-positioned in Korea, and we'll be joined in the exercise by Tripler Army Hospital, whose war time mission is also in Korea, and troops from the Army's 121st General Hospital located in Korea. So all the players are there. We are really playing with all the people we would be in theater with in a real world situation."

The Navy will support the exercise in every functional area, according to Richter. "We have representation in nursing, wards, casualty receiving and administration. And, in fact, Fleet Hospital Five will be the sole support in some areas such as psychiatry, preventive medicine, food and laundry services. We are also bringing with us combat engineer units from Bangor and Whidbey Island."

In all, more than 100 Navy personnel are involved. Twenty Reservists, who would normally step into vacated positions at Naval Hospital Bremerton if FH5 deploys, are also participating.

"This is very unique," said Capt. Roberta McCoy, NC, of her deploying Reserves. "What's common is backfill (where reservists fill in for deploying active duty personnel to

assure continuation of mission), and one-for-one replacement, and care of returning casualties. Everyone expects that." However, McCoy said, if a deployment turns into a prolonged evolution, likely replacements for active duty personnel would come from the ranks of the Reserves. And for this reason, the Reserves need to train with the same equipment and under the same circumstances as the active duty they may have to replace.

Working in this first joint exercise provides an unusual training opportunity for all Fleet Hospital Five members, Richter said, "Besides forcing us to test the system, this exercise is valuable for us [because] we are constantly facing operational readiness training and evaluation. If you are preparing for an exercise, you are preparing to stay ready. And readiness is our mission."

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Headline: Quantico provides medical support for 24th Marine Corps Marathon

By Lt. Trish Hasen, NC, Naval Medical Clinic Quantico

QUANTICO, Va. -- The 24th Marine Corps Marathon had Navy medical teams from Quantico, Va., located throughout the course, ready to assist approximately 15,000 runners and 70,000 spectators enjoying the 26.2-mile run Oct. 24.

Naval Medical Clinic Quantico worked in conjunction with hundreds of medical volunteers from the area, including active duty, reservists and civilians to staff nine aid stations. In addition, there were 140 emergency medical service workers and volunteers and radio operators to round out the 600 people who also provided medical support.

"We treat this like a deployment," said Capt. David Gervais, MSC, commanding officer of Naval Medical Clinic Quantico.

"Every year we mobilize approximately seven tons of medical supplies, 400 personnel and treat approximately 300 - 500 casualties in less than 12 hours."

"Because this is truly the "People's Marathon", we have a large number of first time marathoners and our injuries and illnesses tend to be higher than at other Marathons," said Cmdr. Craig Bischoff, MC, medical director for the marathon. "The weather was perfect this year, resulting in only about 300 injuries."

In addition to providing medical support during the marathon, Naval Medical Clinic Quantico also offered an innovative Marine Corps Marathon training clinic. For eight weeks prior to the race and one week after the race, volunteers from the command supported the clinic, which was held at the Marine Corps Base Quantico Semper Fit Center.

Twice a week during the lunch hour, a multidisciplinary team including doctors, physical therapists, nutritionists, hospital corpsmen and nurses worked together to take care of runners training for the marathon.

Runners could also attend daily lectures ranging from training, mental preparation, nutrition and shoe selection to the recovery phase after the race. The participants

considered the training clinic a success, and it will be offered again next year.

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Headline: Suicides in the Marine Corps
From Commandant of the Marine Corps

WASHINGTON -- As I make my initial visits to Marines worldwide, I am awed by the powerful sense of service that animates our Corps. Taking care of each other is the cornerstone of our service philosophy. Leadership traits such as trust, tolerance and selflessness inspire the deep sense of purpose and belonging that dignify all that we do in service together. These traits are so essential to our way of life that I am deeply concerned when Marines--for whatever reason--feel isolated from the strength we derive as a group. Perhaps no issue more pointedly directs our attention to the problem of isolation than the disturbing increase in suicides among Marines this year. So far in 1999, we have had 23 confirmed or possible suicides and more than 190 suicide gestures or attempts. The number of suicides this year surpasses the totals for 1998 and 1997. Many of the attempts this year have been so serious that heroic measures were needed to save individuals from death. In the past, the majority of suicides occurred in our junior enlisted ranks. This year, however, more than 80 percent of these tragic and senseless deaths have taken place among our NCOs and Staff NCOs.

No one cause can account for all these deaths. Most of these Marines gave clear warning signs about their suicidal intent; a few did not. Researchers tell us that in most cases of suicide, people feel so overwhelmed by emotional pain (e.g., relationship problems, depression, alcohol abuse) that suicide seems like the only way to escape from their problems. But suicide is never the answer.

I bring attention to suicide among Marines not to affix blame, but to highlight my belief in the responsiveness of our leaders to meet threats to the health and readiness of our Corps. Suicide is such a threat. Indeed, for the first time this summer, the U.S. Surgeon General identified suicide as a serious public health problem within our nation. While the military reflects society, we do not have to accept suicide as a given within our Corps.

Our sister services, most notably the Air Force, have seen dramatic decreases in suicides this year. They have done it in part by strengthening protective factors that help prevent suicide such as enhancing camaraderie and social support, mentoring people to develop personal skills to cope with difficult situations, and supporting those who seek help. A Marine in trouble is never abandoned. Leaders at all levels must be vigilant for warning signs of problems that can escalate into suicidal behavior. We must do everything to reinforce the message that "it's ok to get help." Resources that exist throughout the Corps to assist our Marines include our Marine leaders, chaplains, medical

providers, and counselors. We'll also have new video training materials available to the fleet by the end of the year.

By working as a team, we can produce the lasting changes that facilitate our Marines getting the help they need. In so doing, we accrue benefits that extend far beyond those at immediate risk for suicide. This is how we take care of each other and build our future together as Marines.

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Headline: TRICARE marketers pushed to sell plan's value to patients

By Douglas J. Gillert, American Forces Press Service

ALBUQUERQUE, N.M. -- "Twenty-five percent of the beneficiary population doesn't have the foggiest idea of what's going on," Army Dr. (Col.) Ted McNitt warned marketers, publicists and educators attending the TRICARE Communications and Customer Service conference here Nov. 2-4.

Lead agent of the TRICARE central region, which spans the Mountain Time Zone, McNitt said TRICARE faces a stiff challenge to keep its promise of quality health care for all enrollees, wartime readiness of active duty forces and a revolutionary transition from treating to preventing sickness and injury.

Dr. James Sears, director of the TRICARE Management Activity, echoed McNitt's warning. "We still have a lot of problems with people not knowing what TRICARE is," he said. He said most don't realize that even with the advent of managed care contractors in DoD, 70 percent of military health care still comes from DoD medical facilities.

Sears said the ultimate purpose of TRICARE is to support readiness. But he said that includes not only ensuring active duty members are "fit to fight," but that family members are taken care of as well. He said that the Military Health System also needs to be budgeted so it can provide the infrastructure necessary to meet all patient requirements.

"The Defense Health Plan has been underfunded for years," Sears said. He said line support is critical to getting the funding needed and lauded Gen. Henry Shelton, chairman of the Joint Chiefs of Staff, for his proactive interest and commitment to TRICARE.

The director called for greater integration of the service medical departments and more efficient use of military medical facilities. He promised to simplify TRICARE and continue to improve the appointment systems and claims process. He said new managed care support contracts coming in spring 2000 will incorporate lessons learned to make TRICARE easier for patients.

But Sears also hailed TRICARE for its successes. He said the plan is in full compliance with the president's Patient Bill of Rights. "We have the best features of a good health maintenance organization with no denial of care," he said.

"TRICARE is better than the old military medical system and less complex than civilian health plans," Sears said. He

urged enrollees in Prime, the managed care option, not to make the system more complex than it is.

"If you're in Prime, all you really need to know is your primary care manager's phone number and the 1-800 number you need to answer all your other health care questions," he said.

Educating people about TRICARE and making improvements are important to retention, he said, but he downplayed the plan's impact on recruiting. He said recruiters tell him health care is not an issue for potential recruits.

People who list TRICARE as a reason for leaving the service might face huge health care expenses on the outside, Sears warned. "For comparable civilian jobs, 50 percent of the companies would not offer health insurance for families and the other 50 percent would cost you \$300 to \$400 a month," he said.

"No company offers employees free health care and family members free care or limited costs, but TRICARE does," he said. "We have it within our reach, in the near future, to be the world's best integrated health care system."

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Headline: Anthrax question and answer
From Bureau of Medicine and Surgery

Question: How is anthrax transmitted?

Answer: Anthrax infection can occur in three forms: cutaneous (skin), inhalation, and intestinal. *Bacillus anthracis* spores can live in the soil for many years and humans can become infected with anthrax by handling animal products from infected animals or by inhaling anthrax spores dispersed from a biological weapon.

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Headline: New patient advocate system coming to TRICARE
By Douglas J. Gillert, American Forces Press Service

ALBUQUERQUE, N.M. -- Patients in the TRICARE military health care system soon will have a new source of help when they face problems with their care.

Beneficiary counseling and assistance coordinators will be added to the staffs of regional TRICARE lead agent offices and military treatment facilities within the next eight months, according to Dave Bartley of the TRICARE Management Activity.

Full-time employees will fill the regional positions, while the clinic and hospital level slots most likely will be filled on a part-time basis, Bartley said at the TRICARE Communications and Customer Service conference here Nov. 3. He said the regional advocates will have toll-free telephone numbers patients can call if they can't resolve their problems at the local level.

In many cases, the positions already exist under different titles, Bartley said. However, the fiscal 2000 Defense Authorization Act established the new position and title for

clarity and to give patients a clear path to help when they need it. Bartley said the legislation will standardize the advocates' services nationwide.

Bartley said he envisions the new advocacy office as a "buck stops here" setup. Once patients elevate their concerns to the new office, they should not have to call anyone else to get their questions answered and problems resolved, he said. Military hospitals already have patient advocates, and Bartley said the new positions won't take power away from them but add to the overall ability of the military health system to respond to patient needs.

Before the advocacy offices begin business, a new DoD instruction will have to be written, Bartley said. A working group will begin working out details in December, he said. Patients with problems or questions about their health care should continue to first contact their local health benefits advisers at clinics and hospitals, he said. In addition, each regional TRICARE contractor provides TRICARE enrollees with a toll-free telephone help line. The numbers are provided to enrollees and also are posted on the www.tricare.ods.mil

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Headline: TRICARE question and answer

Question: How do we obtain emergency care under TRICARE?

Answer: A medical emergency is the sudden and unexpected onset of a medical condition, or the acute worsening of a chronic condition, that is threatening to life, limb or sight, and which requires immediate medical treatment, or which requires treatment to relieve suffering from painful symptoms.

Medical emergencies include heart attacks, cardiovascular accidents, poisoning, convulsions, kidney stones, and other acute conditions that are determined to be medical emergencies.

Pregnancy-related medical emergencies must involve a sudden and unexpected medical complication that puts the mother, the baby, or both, at risk.

Any eligible beneficiary should go to the nearest emergency room of any military or civilian hospital for true emergencies, regardless of which TRICARE option you use.

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Headline: Healthwatch: Stocking medicine cabinet is not a pain

By Lt.j.g. Stephanie B. Allen, NC, Battalion Medical Clinic Atsugi

ATSUGI, Japan -- Every home and barracks room should have an adequately stocked medicine cabinet to treat minor illnesses and injuries.

Buying the least expensive and most frequently needed

medications is recommended, because medicines become less effective over time. Medications should be replaced every three years or as soon as they expire.

Always read the label before taking any medication. Because a medicine does not require a prescription, never assume it is safe. Remember to keep all medications out of the reach of children. Below is a list of each medication, why it is important to keep in your medicine cabinet, how to use it, and any side effects it may cause:

- Bandages and adhesive tape - These can be used to cover and protect minor wounds. Use bandages to keep dirt out of wounds, protect blisters, and keep the edges of cuts together. They are usually only needed for one day, but can be worn longer. A bandage may hide a developing infection, so be sure to keep the bandage clean and dry.

- Antiseptic cleansers -- They are used to clean minor wounds. Three percent hydrogen peroxide is a good cleansing agent and iodine works to kill germs. Pour the hydrogen peroxide onto the wound and clean with a cloth. Repeat this until no dirt remains under the skin. Paint iodine onto the wound and surrounding area, leave on for a few minutes, then rinse off. A bit of iodine color will remain on the skin. Hydrogen peroxide can bleach hair and clothing. Iodine can burn the skin if left on in full strength and is poisonous if swallowed. Iodine can also cause an allergy. Stop using it if a rash occurs.

- Thermometer - It is used to measure the body's temperature. Fever is used to help diagnose illness. The best places to measure the body's temperature are in the mouth and rectum. Oral thermometers should be placed under the tongue with mouth closed for two to three minutes. The mercury in thermometers is poisonous. Small children should not use them if it is possible they may bite down on the thermometer and break it.

- Rectal thermometers should be used with a lubricant and inserted about

- one inch into the rectum for about two minutes.

- Pain and fever medications - These can be used to relieve pain and reduce fever. Acetaminophen (Tylenol, Datril) in the proper dosage is very safe for people of all ages. Aspirin (Anacin) is used for pain relief. Aspirin can cause Reye's syndrome in children and shouldn't be used without a physician's approval. It can also cause ringing in the ears and upset stomach in both children and adults. Ibuprofen (Advil, Motrin, Nuprin) and naproxen (Naprosyn, Anaprox, Aleve) are effective relieving pain and reducing fever and inflammation. They can cause upset stomach. All of these medications are available in generic form at a much lower price.

- Antacids - They are used to relieve upset stomach by neutralizing stomach acid. Maalox, Mylanta, Alka-Seltzer, and Tums (and the generic versions) help decrease heartburn, ulcer pain, gas pains, and stomach upset. Antacids can affect bowel movements, so be certain to read the label

before use.

- Baking Soda - In a weak solution it can soothe skin and relieve itching. In a strong solution it can draw fluid and swelling out of a wound while cleansing it. It is very safe when applied to the skin.

- Syrup of Ipecac - This is used to induce vomiting if poisoning occurred by eating a plant or drug. Don't use ipecac if the poison swallowed is petroleum-based, a strong acid, or a strong alkali. Call the Poison Control Center immediately. Ipecac is not usually hazardous unless the vomiting causes fluid to move into the lungs.

- Antihistamines and decongestants - These are used to treat allergy symptoms. They include Actifed, Sudafed, Benadryl, and Dimetapp. These drugs can cause drowsiness and agitation.

- Cold tablets - These medications (Triaminic, Contac, Dimetapp) help relieve some of the symptoms colds and flu, but there is no medication which can cure the common cold or flu. These medications can also cause drowsiness and agitation.

- Cough syrups-Expectorants are used to liquefy secretions therefore making it easier to expel the mucus. Cough suppressants are best used with dry, hacking coughs. Medications like Robitussin and Vicks can cause drowsiness.

- Diarrhea remedies -- For persistent diarrhea use a product with kaolin, pectin, or bismuth. Pepto-Bismol (bismuth) can cause harmless darkening of the tongue and stool.

- Hydrocortisone cream - This cream is applied to the skin to help relieve skin itching and rashes. Prolonged use of the cream (greater than two weeks) can cause thinning of the skin (atrophy).

- Sunscreen agents - It is used to prevent sunburn. It allows the wearer to be outdoors for greater periods of time. Skin irritation is a very rare side effect.

- Elastic bandages - They are used to treat sprains. They provide gentle support and help reduce swelling. Wrap the bandage toward the trunk of the body allowing room for movement. If an elastic bandage is applied too tightly, circulation can be impaired. Remove immediately if the limb swells, hurts, or becomes cooler beyond the bandage.

For more information please consult the Healthwise Handbook, available through your TRICARE Service Center, or contact the Healthcare information line, HCIL, at 99-003-111-4621 on base, 003-111-4621 off base in Japan, and 1 (800) 917-4372 in the U.S. Poison Control can be reached at 0011-808-941-4411.

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Comments about and ideas for MEDNEWS are welcome. Story submissions are encouraged. Contact MEDNEWS editor, Earl W. Hicks, at email: mednews@us.med.navy.mil; Telephone 202/762-3223, (DSN) 762-3223, or fax 202/762-3224.

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